

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>08/894824</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		①		1			53				
4		①		1			54				
5		①		1			55				
6		①		1			56				
7		①		1			57				
8		①		1			58				
9		①		1			59				
10		①		1			60				
11	1		1				61				
12		1		1			62				
13		①		1			63				
14							64				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	11		11				TOTAL DEP.				
TOTAL CLAIMS	13		13				TOTAL CLAIMS				